MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/568072   **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		2				1
3						1
4						1
5						1
6						1
7						1
8						1
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TOTAL IND.	⬇	1	⬇		⬇	
TOTAL DEP.	⬅	15	⬅		⬅	
TOTAL CLAIMS		16				

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	⬇		⬇		⬇	
TOTAL DEP.	⬅		⬅		⬅	
TOTAL CLAIMS						